

Resource Guide for Addiction and Mental Health Care Consumers

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Thank you

- To all who contributed to this Guide and to those who made it possible.

Resource Guide For Addiction and Mental Health Care Consumers



Answering Questions about Insurance
Coverage and Parity for Addiction and
Mental Health Care Services

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A Quick Guide to Getting Help and Coverage for Addiction and Mental Health Care Services

How Do I Get Treatment?

- **You should have an evaluation completed by a medical professional.** Call your doctor or other medical provider to confirm what addiction or mental health care services and supports you need.
- **Be informed!** Call the number on the back of your insurance card for addiction or mental health care services in order to find the right provider in your network.
- **Use the treatment locator** at www.nhtreatment.org to find someone who treats addiction or to look into treatment options.
- **Approval for visits.** Most health insurance companies allow two routine outpatient visits for evaluation and care of an addiction. After that, you may need approval for additional visits. Ask your provider to help you get authorization for services.

If you or someone you know is at risk or in crisis, help is available 24/7:

The New Hampshire Statewide Addiction Crisis Line
1-844-711-HELP (4357)

The National Suicide Prevention Lifeline
1-800-273-TALK (8255)

Mental Health Crisis Intervention Services are also available 24/7 by calling your local hospital or community mental health center.



What Happens If I Am Denied Treatment?

- **Do not take “no” for an answer – you should seek help!**
- Your insurance company may decide not to pay for your addiction or mental health care services. This is called a “denial of coverage.” If this happens to you, get help and ask for an appeal.
- **Should I appeal? YES, and quickly!** Appeals are often successful! An appeal is the process by which you (and your medical provider) can fight a decision by your insurance company not to pay for addiction or mental health care services. There are no fees or costs to you for an appeal!
- **Contact your medical provider or the NH Insurance Department at 1-800-852-3416 for help with your appeal.**

Because of the new laws protecting access to addiction or mental health care, there is a good chance your health insurance company may approve the services you need.

If you have questions about your health insurance coverage for addiction or mental health care services, call the NH Insurance Department Consumer Hotline at 1-800-852-3416 for assistance.

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Introduction

- **How do I use this Resource Guide?**
- **What is the Mental Health Parity and Addiction Equity Act?**
- **What does parity mean?**

“The Parity Law requires most health insurance plans to cover addiction and mental health care services in about the same way as they cover physical health care services. The Parity Law helps to ensure you can use your insurance to access the treatment you need.

Health insurance plans cannot impose greater financial requirements (such as higher copays or deductibles) or greater treatment limitations (such as visit limits) on addiction or mental health benefits than on medical benefits.”



HELPFUL HINTS FOR PEOPLE SEEKING ADDICTION OR MENTAL HEALTH CARE SERVICES

- I am in crisis and need treatment immediately. What do I do?
- I DO NOT have health insurance. How do I access treatment?
- I have health insurance. How do I access treatment?
- What if my health insurance requires pre-authorization?

How can my provider help make sure my recommended care is covered? (p. 5)

- Help your provider help you! Sign a consent form to allow your provider to talk with your health insurance company about your treatment. Providers are often able to clear up any confusion about needed services.
- Your provider can help you get the insurance pre-authorization you need to start or continue treatment.
- Your provider can help you request an expedited review in an emergency!
- Your provider can help fill out the necessary paperwork for your appeal. (You can find more information about appeals on pages 8-15)

How can my health insurance company help? (p.7)

What should I ask my insurance company?

- Ask your insurance company which providers are part of your health insurance plan. If a provider is **in-network** for addiction or mental health care services, your health insurance company may be able to pay the provider.
- **Beware!** If you receive services from an **out-of-network** provider, you may pay more of your own money for services.
- Ask what type of pre-authorization you need from your insurance company. If your recommended addiction or mental health care services require pre-authorization, connect your provider with your insurance company.

Who else can help me if I have questions or problems with my health insurance?

What should I do if my treatment is denied? Should I appeal? (p. 8)

- **Will I receive a written denial letter?**
- **What should I do if I receive a written denial letter?**

“You should immediately tell your provider if you received notification of a denial from your health insurance company.

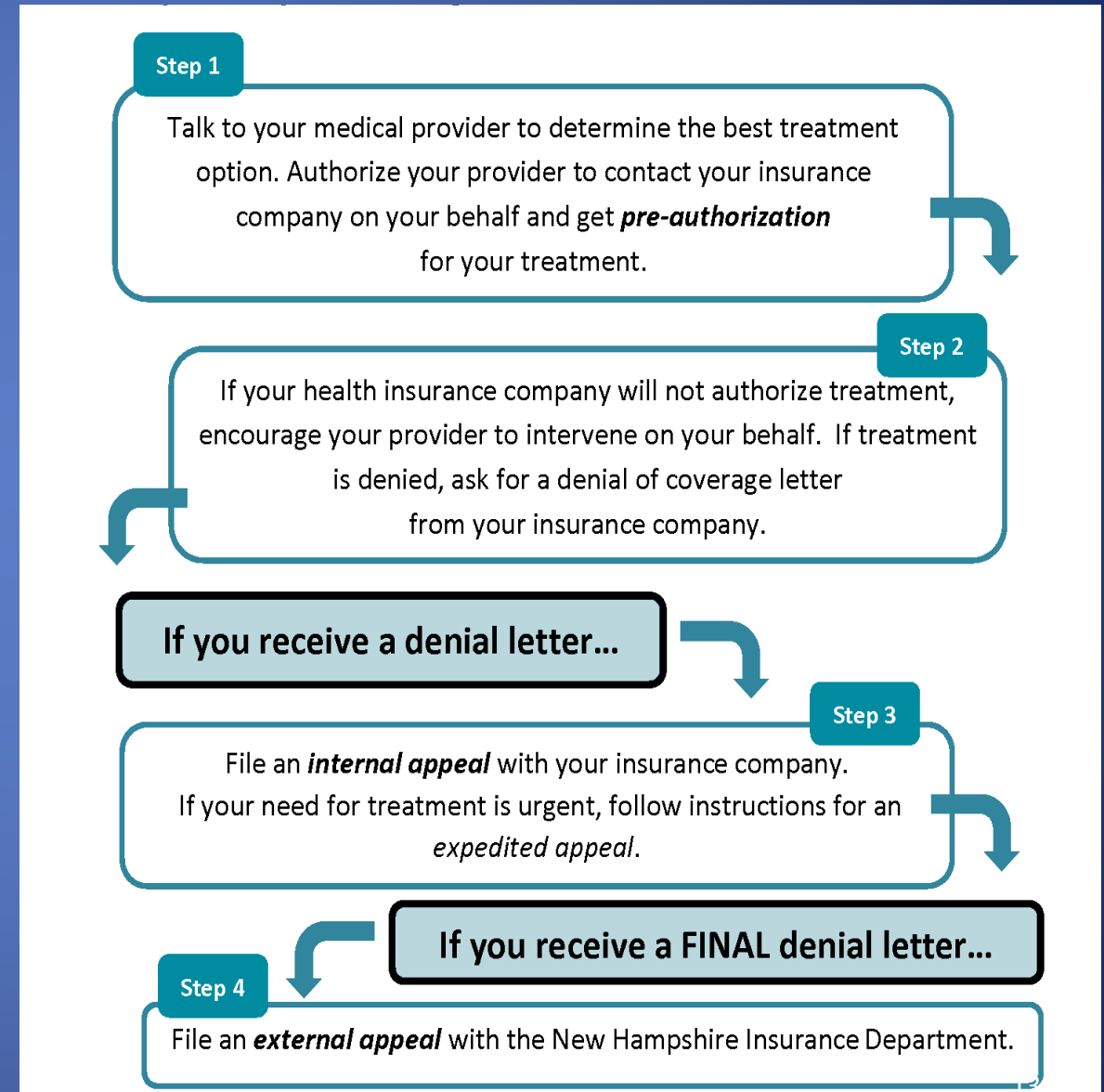
Give your provider written consent to talk to your insurance company! Your provider can explain why treatment is needed and may be able to win an approval immediately.”

- **What are some common reasons a claim is denied?**
- **What are my options when I appeal a denial?** Internal appeal, expedited appeal, external appeal.

Appeals (p. 11)



- What can I expect the appeals process to look like if my insurance company refuses to approve or pay for treatment?
- Steps to Request Coverage (flowchart)



Types of Appeals

- **What is an expedited appeal?**
- **What is an internal appeal?**
 - **When should I receive a response from my health insurance company on my internal appeal?**
- **What is an external appeal?**
- **How do I file an external appeal?** You have **180 days to file an appeal** once you receive a final denial decision, but do not wait! You should file your appeal as soon as possible. Acting quickly can prevent unnecessary delays in your treatment. The forms you will need to file an external appeal are provided in the Appendix.
- **I am enrolled in Medicaid. Do I have any additional rights?**

What if my insurance company denies my treatment as not being medically necessary?

(p. 15)

- Always ask your health insurance company why your claim has been denied. Health insurance companies often deny claims because they are not **medically necessary**.
- Ask your insurance company for an explanation of its decision. The reason for the denial **must be included** in the denial letter you receive from your health insurance company.
- Medical necessity refers to care that is reasonable, necessary or appropriate based on current standards of care. This means the services are necessary for the treatment of a medical condition.
- Each insurance company sets its own standards for determining if a treatment is medically necessary. Your policy will include the definition in writing.
- Ask your health insurance company for its definition of **medical necessity**. Be sure to discuss the definition with your provider.

Issues on Parity (pp 15-17)

- I have been hearing about insurance parity for a long time. Why is there such a focus on it now?
- How does the Parity Law protect me?
- I have questions about my health insurance company's compliance with the Parity Law?

HELPFUL HINTS FOR PROVIDERS OF ADDICTION OR MENTAL HEALTH CARE SERVICES (pp 18-20)

- I am a provider of addiction or mental health care services. How can I help my patients access coverage?
- What does insurance parity mean for providers?
- How can I identify a potential parity violation?
- Does it matter what type of insurance my patient is enrolled in? Fully insured v. self-funded?

How Providers Can Help

Tell your patient that you can be an advocate.

Be prepared to contact your patient's health insurance company and explain the medical necessity for services. Do not exaggerate. Be clear in the diagnosis and the reasons for the recommended treatment.

Encourage your patient to execute a consent form authorizing you, as a provider, to contact the health insurance company to help coordinate addiction or mental health care and coverage.

Often, initial coverage denials can be overturned if a provider contacts the health insurance company directly to clear up misunderstandings around the need for treatment or services.

Help your patient obtain the appropriate pre-authorizations by communicating with your patient's health insurance company.

As a provider, your certifying the need for treatment or services is essential to your patient's success in appealing a coverage denial. (See Appendix Form 5 **Provider Certification Form**).

Provide your patient the contact information for the **New Hampshire Insurance Department Consumer Hotline 1-800-852-3416**.

Show your patient the phone numbers on his or her insurance card, including the number for **member services** and **addiction** or **substance use disorder** services, and explain the information on the card. Help your patient appeal a coverage denial decision by the health insurance company if you have recommended addiction or mental health care services.

GLOSSARY (p. 21)

- **What insurance terms should I know? What do they mean?**



ADDITIONAL RESOURCES (pp 24-25)

- **Mental Health Parity and Addiction Equity Resources**
- **Federal Government Resources**
- **New Hampshire Resources**
 - Questions about Insurance
 - Questions about Addiction or Mental Health Care Services
 - NH Department of Health and Human Services Resources
 - NH Insurance Department Guidance for Consumers on Appeals
 - NH Managed Care Laws

APPENDIX

- **Form 1: Sample Final Denial Letter**
- **Form 2: Sample Internal Appeal Request Letter**
- **Form 3: External Review Application Instructions**
- **Form 4: External Review Application Form**
- **Form 5: Provider Certification Form for Expedited Review**